PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| | Effective December 8, 2004 | | | | | | | 10/09/1900 | | | | |
|--|--|---|---------------------|---|----------------|---|------------|------------------|------------------------|------------|-------------------------|------------------------|
| | | CLAIMS | AS FILED - | | | (Column 2) | | SMALL EN TYPE | TITY | OR | OTHER THAN SMALL ENTITY | |
| U | S. NATIONAL | STAGE FEES | | , | | | 1 | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LAR | GE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 3000 |
| EXAMINATION FEE | | | 1 | Satisfies PCT Article 33(1)- (4) = \$50/\$100 | | ther situations = 100 / \$ 200 | | EXAM. FEE | | | EXAM. FEE | 200 40 |
| SEARCH FEE | | | ALL other cou | is ISA = \$50/\$100 L other countries = \$200/\$400 | | ther situations = 250 / \$ 500 | S | SEARCH FEE | | | SEARCH FEE | 4000 |
| FEE FOR EXTRA SPEC. PGS. | | | minu | minus 100 = | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20 = . | | | | | X \$ 25 = | , | OR | X \$ 50 = | • |
| NC | EPENDENT C | LAIMS | minus 3 = . | | • | | | X \$ 100 = | | OR | X \$ 200 = | |
| 4U | LTIPLE DEPEN | NDENT CLAIM PR | RESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | your | |
| | | (Column 1) | AMENDED | (Column 2 | | | | SMALL E | ADDI- | OR | OTHER SMALL | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | PAID F | JSLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | • | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | • | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | L | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | -11 | | | T | FEE | | OR | FEE | |
| | | (Column 1) | | (Column | 1 2) | (Column 3) | | | | | | |
| AMENUMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOU PAID FO | ST R SLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | l-d | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | • | Minus | h d d | | = | × | (\$100= | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + | \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | والمناف والمناف والمناف والمناف والمناف والمناف | <u> </u> | TAL ADDIT. | | OR | TOTAL ADDIT. | |

FORM PTO-875 (Rev. 02/2005)

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.